

# Medicare Plus \$100,000 Plan

Administered by Blue Cross & Blue Shield  
United of Wisconsin



**BlueCross & BlueShield  
United of Wisconsin**  
An independent license of the Blue Cross  
and Blue Shield Association

## **What we are**

The Medicare Plus \$100,000 Plan is designed to supplement, not duplicate, the benefits available under the Federal Medicare program for State of Wisconsin annuitants. Eligibility is limited to individuals enrolling in both Part A and Part B Medicare when first eligible and Medicare is the primary payor. (NOTE: Medicare becomes available at age 65; or after Social Security disability benefits have been received for 24 months; or for those who have chronic kidney disease.)

It is administered by Blue Cross & Blue Shield United of Wisconsin (BCBSUW) – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

## **Where we are**

In addition to our corporate headquarters located in Milwaukee, we have three service centers as listed in the box to the right. We can answer questions about claims or benefits in our offices, by letter or by telephone. To provide more convenient service, walk-in customer service is available at each service center.

## **Quality Initiatives**

- Effective January 1, 2004, BCBSUW will be implementing a higher processing standard for

written inquiries. It is our goal that 100% of written inquiries be resolved within an average of 12 working days.

## **Exclusions and limitations**

- Routine physical exams or immunizations
- Services or supplies for custodial care or rest cures as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- Dental services except as specifically provided
- Care covered by worker's compensation
- Organ transplants except as specifically provided
- Weight loss treatments or programs
- Benefits will be limited to the charges for treatment, services, and supplies less payments available from other coverage. When Medicare is primary, payment of benefits is computed by first subtracting the Medicare payments.

## **Benefit Maximum**

- Each participant under this Plan has a \$100,000 maximum per illness or injury. This maximum is in addition to Medicare payments.

## **Freedom of choice**

This plan allows you complete freedom of choice in selecting a physician or hospital that is convenient for you. If you go on vacation or reside away from home during the year, this freedom of choice allows your health coverage to "go with you," including when traveling abroad.

If you have already established relationships with physicians of your choice, this plan will allow you uninterrupted access to those health care providers.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to your Medicare + \$100,000 benefit handbook (ET-4113) or by contacting BCBSUW.

### **Service Centers**

**Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400**

**Northeastern Service Center**  
145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

**Southwestern Service Center**  
500 Hwy 151 East  
Platteville, WI 53818  
(608) 342-5300

**Western Service Center**  
2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

**Or e-mail us at our web site:**  
[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Health Benefits	Plan Pays*	Limitations
<b>Physician</b>	100%	None
<b>Hospital</b>	100%	120 days in semi-private room.
<b>Laboratory and X-rays</b>	100%	None
<b>Mental Health</b> (Combined with Alcohol and Drug Abuse) <i>In 2004, annual dollar maximums for mental health services are suspended.</i>	100% 90% 90%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Alcohol and Drug Abuse</b> (Combined with Mental Health)  <i>Maximum for all services is \$7,000 per calendar year, combined.</i>	100% 90% 90%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Emergency Room</b>	100%	None
<b>Extended Care Facility</b>	100%	Medicare-approved service and facility-contract maximum. Medicare approved services** at non-Medicare approved facility – if admitted within 14 day after a hospital stay of 3 days or more: \$50 per day for first 100 days, then the contract maximum. Excludes custodial care as defined in the contract.
<b>Vision Care</b>	100%	For illness or disease only.
<b>Prescribed medical services/supplies</b>	100%	None
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	100%	None
<b>Ambulance</b>	100%	None
<b>Additional Benefits</b>		
<b>Physical, speech &amp; occupational therapy</b>	100%	None
<b>Home health care</b>	100%	365 visits per calendar year
<b>Home hospice care</b>	100%	80 visits per six months
<b>Hearing aid</b>	0%	Not a covered benefit
<b>Oral surgery</b>	100%	None
<b>Prescription Drugs</b>		Separate PBM administration.

- Medicare Plus \$100,000 provides benefits and reimbursement for all Medicare deductibles for covered services.
- The Contract maximum benefit of the Medicare Plus \$100,000 Plan is \$100,000 for any one illness or injury, which is in addition to benefits paid by Medicare.
- Medicare Plus \$100,000 Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our web site. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

\* Includes Medicare payment.

\*\* Approved services means services which would be paid by Medicare if provided in a Medicare-approved facility.